



STATE OF NEW JERSEY

FINAL ADMINISTRATIVE ACTION
OF THE
CIVIL SERVICE COMMISSION

In the Matter of Sylvia Ballard,
Administrative Analyst 4 (PS5293K),
Department of Human Services

CSC Docket No. 2020-1126

Examination Appeal

ISSUED: December 18, 2019 (RE)

Sylvia Ballard appeals the determination of the Division of Agency Services (Agency Services) which found that she did not meet the experience requirements for the promotional examination for Administrative Analyst 4 (PS5293K), Department of Human Services.

The subject promotional examination was open to employees in the competitive division who are currently serving in a title to which the announcement is open and have an aggregate of one year of continuous permanent service as of the closing date in the title Administrative Analyst 3 OR to employees in the competitive division who have an aggregate of one year of continuous permanent service as of the closing date in any competitive title and meet the announced requirements. These requirements included graduation from an accredited college or university with a Bachelor's degree and four years of experience in work involving the review, analysis and evaluation of budget, organization, administrative practices, operational methods, management operations or data processing applications, or any combination thereof, which shall have included responsibility for the recommendation, planning and/or implementation of improvements in a business or government agency. Applicants who did not possess the required education could substitute additional experience as indicated on a year for year basis with thirty semester hour credits being equal to one year of experience. Graduation from an accredited college or university with a Master's degree in Public Administration, Business Administration, Economics, Finance or Accounting could be substituted for one year of indicated experience. These requirements had to be met as of the April 22, 2019 closing date. As there were no admitted applicants, the examination was cancelled on October 24, 2019.

On her application, the appellant indicated that she possessed a Bachelor's degree and she listed two positions, provisional Administrative Analyst 4, and Supervisor of Patient Accounts 1. She did not submit a resume. None of the appellant's experience was credited, and therefore she was found to be lacking four years of experience.

On appeal, the appellant states that her resume may not have reflected all her experience over 23 years in finance units in the Division of Developmental Disabilities, and she provides a description of the last six years of her work history. See also provide a resume that includes additional duties for her Supervisor of Patient Accounts 1 position and also includes a Supervisor of Patient Accounts 2 position.

CONCLUSION

N.J.A.C. 4A:4-2.6(a) provides that applicants shall meet all requirements specified in the promotional examination announcement by the closing date. *N.J.A.C.* 4A:4-2.1(f) provides that an application may be amended prior to the announced closing date.

Applicants must demonstrate on their applications that the duties they perform provide them with the experience required for eligibility. See *In the Matter of Charles Klingberg* (MSB, decided August 28, 2001). In order for experience to be considered applicable, it must have as its primary focus full-time responsibilities in the areas required in the announcement. See *In the Matter of Bashkim Vlashi* (MSB, decided June 9, 2004). Next, when an applicant indicates extensive experience in titles established under the State Classification Plan, it is appropriate to utilize the job specifications to determine the primary focus of the duties of incumbents serving in career service titles. In the eligibility screening process, reliance on the job specifications to determine the primary focus of duties for incumbents of a particular title or title series provides a standardized basis on which Agency Services can compare what an applicant indicates on his or her application to what incumbents in a particular title series generally perform. See *In the Matter of William Moore* (MSB, decided May 10, 2006).

An Administrative Analyst 4 performs duties of significant difficulty and/or supervises staff involved with review, analysis, and appraisal of current department administrative procedures, organization, and performance, and prepares recommendations for changes and/or revision therein; supervises staff and work activities; supervises staff and work activities, prepares and signs official performance evaluations for subordinate staff. The announced experience requirement for the subject title was work involving the review, analysis and evaluation of budget, organization, administrative practices, operational methods,

management operations or data processing applications, or any combination thereof, which shall have included responsibility for the recommendation, planning and/or implementation of improvements in a business or government agency.

The appellant described her experience as:

Responsible for the processing and completion of higher difficulty financial assessments Point of contact for unit collection activities. Responsible for analysis and evaluation of outstanding accounts. Responsible for setting up payment plans. Responsible for drafting ad hoc forms, letters, reports. Work with the DDD Legal office to ensure materials are written in accordance with current Department guidelines. Analyze assessment data and develop reports for presentation to management, OMB and other oversight agencies. Required to work independently with various involved entities including, but not limited to; Medicaid, Molina, Consumer Financial Services/Central Office.

She also indicated that she supervised five support staff, but no professional staff. Clearly, the appellant's described experience did not match the announced experience requirement, nor does it match the duties performed by an Administrative Analyst 4. Further, an Administrative Analyst 4 title is only warranted when the incumbent supervises other Administrative Analysts. The appellant's duties as a Supervisor of Patient Accounts 1 were in-title and this experience is inapplicable. Also, pursuant to *N.J.A.C. 4A:4-2.1(f)*, any documentation indicating work in any setting that was not previously listed on an application or resume cannot be considered after the closing date. See *In the Matter of Joann Burch, et al.* (MSB, decided August 21, 2003) and *In the Matter of Rolanda Alphonso, et al.* (MSB, decided January 26, 2005).

N.J.A.C. 4A:4-1.5 (a) states that a provisional appointment may be made only in the competitive division of the career service when all of the following conditions are met:

1. There is no complete list of eligibles, and no one remaining on an incomplete list will accept provisional appointment;
2. The appointing authority certifies that the appointee meets the minimum qualifications for the title at the time of the appointment; and
3. The appointing authority certifies that failure to make the provisional appointment will seriously impair its work.

In this case, the appellant did not meet the minimum qualifications for the title at the time of the appointment and she still lacks four years of qualifying experience.

As the appellant did not indicate that she is primarily performing work required of an Administrative Analyst 4, it appears that her provisional position may be misclassified. Therefore, the appellant and appointing authority should complete the attached duties questionnaire and submit it to Agency Services detailing the duties of the position, to determine the appropriate classification of the position. If it is determined that the position should be classified as Administrative Analyst 4, a new promotional examination can be announced.

The appellant was denied admittance to the subject examination since she lacked the minimum requirements in experience. An independent review of all material presented indicates that the decision of Agency Services, that the appellant does not meet the announced requirements for eligibility by the closing date, is amply supported by the record. The appellant provides no basis to disturb this decision. Thus, the appellant has failed to support her burden of proof in this matter.

ORDER

Therefore, it is ordered that this appeal be denied, and the classification of the appellant's provisional position be referred to Agency Services for further review.

This is the final administrative determination in this matter. Any further review should be pursued in a judicial forum.

DECISION RENDERED BY THE
CIVIL SERVICE COMMISSION ON
THE 18th DAY OF DECEMBER, 2019



Deirdre L. Webster Cobb
Chairperson
Civil Service Commission

Inquiries
and
Correspondence

Christopher S. Myers
Director
Division of Appeals and Regulatory Affairs
Civil Service Commission
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Trenton, New Jersey 08625-0312

Attachment

c: Sylvia Ballard
Lori Mattozzi
Kelly Glenn
Records Center

STATE POSITION CLASSIFICATION QUESTIONNAIRE

NEW JERSEY CIVIL SERVICE COMMISSION DIVISION OF STATE & LOCAL OPERATIONS

FOR CIVIL SERVICE COMMISSION USE

S&LO
LOG NO.

IMPORTANT: Full instructions for completing this form are located on the last page. It is most important that employees and supervisors read them carefully. The form must be signed by the employee, his or her supervisor, the Program Manager or Division Director and the Appointing Authority Representative.

EMPLOYEE
ID #

INCOMPLETE REQUESTS WILL BE RETURNED.

CSS
REQUEST NO.

1. NAME OF EMPLOYEE (IF ANY)	2. ANNUAL SALARY (Current)	3. POSITION NO.	4. CODE (Range and Title)
5. OFFICIAL CIVIL SERVICE TITLE		6. WORKING TITLE (If different)	
7. LOCATION OF POSITION (Geographic location, Unit, Section, Division, Institution, or Department)			
7A. EMPLOYEE WORK OR HOME MAILING ADDRESS			
8. REQUESTED TITLE (This is a required field for appeals.)			

9. WORK (DUTIES) PERFORMED - Describe in detail the work required of this position. Make descriptions so clear that persons unfamiliar with the work can understand exactly what is done. You MUST also explain how the duties at issue are more appropriate to the requested title than your current title. NOTE: If this is a vacant position or a new position request, the form must be completed by the supervisor of the position and certified for accuracy by the Appointing Authority Representative.

Percent of Time	Work (Duties) Performed	Order of Difficulty

ITEM 9 CONTINUED

Percent of Time	Work (Duties) Performed	Order of Difficulty

10. REGULAR SCHEDULE OF WORK HOURS					
DAY	FROM	TO	DAY	FROM	TO
Monday			Friday		
Tuesday			Saturday		
Wednesday			Sunday		
Thursday			Length of Lunch Period -----		
Total Hours Worked Per Week -----					

10 A. EXPLAIN ROTATION OF SHIFTS, IF ANY

QUESTIONNAIRE CONTINUED

11. TYPE OF SUPERVISION RECEIVED (Check One — See definitions on page 5)

- CLOSE
 LIMITED
 GENERAL
 OTHER (Explain) _____

12. Does this position supervise other employees?

- YES (If yes, complete Items A thru E) NO
 A. Occasionally? [or] Regularly?
 B. Responsible for the preparation of performance evaluations? YES NO
 C. Assign work? YES NO
 D. Review completed work of employees supervised? YES NO

E. List the names and titles of the employees supervised directly.
(If the employees supervised comprise one or more complete units, include the names of the units)

13. CERTIFICATION OF EMPLOYEE



I CERTIFY that I have read the instructions and the entries made above are my own and, to the best of my knowledge, are accurate and complete.

SIGNATURE _____ DATE _____

14. STATEMENTS OF IMMEDIATE SUPERVISOR

A. Comments on Statements of Employee

Check here if continued on additional sheets.

B. What do you consider the most important duties of this position?

Check here if continued on additional sheets.

C. List those knowledges and abilities necessary for standard performance of the job to be done by an incumbent of this position

Check here if continued on additional sheets.

D. I AGREE DISAGREE with the employee's description of job duties.

E. I AGREE DISAGREE with the employee's cited percentage of time.

F. I AGREE DISAGREE with the title proposed by the employee.

If you disagree with any of the above-stated factors, explain the nature of the disagreement here:

Check here if continued on additional sheets.

OFFICIAL CIVIL SERVICE TITLE
(Working title if different)

SIGNATURE

DATE

15. STATEMENTS OF PROGRAM MANAGER OR DIVISION DIRECTOR

- A. I AGREE DISAGREE with the employee's description of job duties.
- B. I AGREE DISAGREE with the employee's cited percentage of time.
- C. I AGREE DISAGREE with the title proposed by the employee.



If you disagree with any of the above-stated factors, explain the nature of the disagreement here:

* You must forward this form within 15 days of the employee's submission of the appeal to the supervisor, to your agency representative along with a copy of the employee's most recent performance evaluation form.

Check here if continued on additional sheets.

OFFICIAL CIVIL SERVICE TITLE <i>(Working title if different)</i>	SIGNATURE	DATE
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16. STATE APPOINTING AUTHORITY REPRESENTATIVE SIGNATURE

 In State service, the agency representative's signature certifies the information in accordance with 4A:3-3.9(c)1 through 3. 

A copy of the employee's most recent performance evaluation and an organizational chart are attached.

OPTIONAL I recommend that this appeal be GRANTED REJECTED

REASON:

Check here if continued on additional sheets.

OFFICIAL CIVIL SERVICE TITLE <i>(Working title if different)</i>	SIGNATURE	DATE
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INSTRUCTIONS FOR COMPLETING STATE POSITION CLASSIFICATION QUESTIONNAIRE (DPF-44S)

NOTE: If this is a vacant position or a new position request, this form must be completed by the supervisor of the position and certified for accuracy by the Appointing Authority

Please read these instructions carefully before filling out the Position Classification Questionnaire.

This form is used to obtain information about a position. It will be used to determine the classification or to determine a rate of pay. Therefore, be as clear and accurate as possible and fill out the form completely. Be specific and illustrate statements with examples. If more space is needed to answer any of the items, attach an additional sheet and identify each item by its number.

This form must be completed in its entirety. Should any of the fields be left blank, the package will be returned to the appointing authority and the appeal will not be considered received by the Civil Service Commission (i.e. CSC's 180-day review period will not commence). Appeals are considered received by the CSC (and our 180-day review period begins) when a complete package is received.

This form is to be completed by you in your own words. Your supervisor and department head will review your Position Classification Questionnaire to determine the completeness and accuracy of the statements and to clarify or give additional information concerning your duties and responsibilities. Under no circumstances, however, should the supervisor or the department head change the answers as given and certified by you. In the space provided, they may make whatever statements they think are necessary before signing the report. State your name in Item 1 and complete Items 6 through 13. Items 2 through 5 will be completed by your personnel office. Remember to sign your name in Item 13. Give the completed questionnaire to your supervisor.

ITEM 8 - You must indicate the title which you feel is a more appropriate classification of your position. This is a required field. If this field is left blank, the form will be returned.

ITEM 9 - The answer to this item requires an exact account of what you do. Describe your "whole job" or year-round duties, not just those which might be performed during rush or peak periods of activity or when you are substituting for other persons. Start with your most important duties and describe your least important duties last. Use a separate paragraph for each major duty. In the column at left indicate as best you can the percentage of time you devote to each duty. The position's supervisor will complete the information requested in the right hand column.

You **MUST** also explain how the duties at issue are more appropriate to the requested title than your current title. For example, how does the job specification for your current title significantly differ from the major duties you are assigned to perform? How is the job specification for the requested title a more appropriate description of the major duties you are assigned to perform? What are the reasons you believe your position is erroneously classified? You should reference the specific information listed in the job specification for the requested title that supports your point of view, as well as the specific areas of disagreement you have with the job specification for your current title.

EXAMPLES OF GOOD AND POOR DUTIES STATEMENTS	
Poor Statements	Good Statements
Assist in handling correspondence. ••••••••••	Receive, open, time stamp, and route incoming mail.
Maintain grounds and landscaped areas. ••••••••••	Mow lawn with power mower and hand mowers. Trim trees from ground and from ladder using power saws. Lubricate mowers.
I do finish concrete work. •••••••••• Keep claim registers. ••••••••••	Place forms; mix, pour and finish concrete walks and curbing. Prepare registers of all claims showing allocation of budget expenditures and total amount of expenditures for month in which claims are made.
Do general kitchen work. ••••••••••	Clean and cut fruits and vegetables. Make salad dressings. Serve at steam table. Wash pots and dishes and store away utensils and foods. Once or twice a month, bake cookies and tarts.
Our unit is responsible for keeping all purchasing records. ••	I compare invoices with purchase orders. Review requisitions submitted by the different departments for accuracy, then give them to the Purchasing Agent for his or her OK.

ITEM 11 - Before you complete Item 11, the following definitions will be helpful in making your choice of the type of supervision you receive.

- **CLOSE SUPERVISION:** Work is performed according to detailed instructions and supervision is available on short notice.
- **LIMITED SUPERVISION:** Incumbent proceeds on his/her own initiative while complying with policies, practices, and procedures prescribed by the supervisor. The supervisor generally answers questions only on the more important phases of the work.
- **GENERAL SUPERVISION:** Work is performed independently. The incumbent seldom refers matters to supervisor except for clarification of policy.
- **OTHER:** If your work is supervised in a manner different from all of the above, please describe briefly how your work is assigned and supervised.

INSTRUCTIONS FOR SUPERVISORY STAFF

ITEM 14 - If you are a supervisor reviewing this form, you should remember that your certification means you accept responsibility that the statements made constitute a true description of the duties and responsibilities of the position. If the description does not meet with your idea of the position, it is your responsibility to see that statements made are qualified or elaborated upon in your comments. Under no circumstances, however, are the employee's statements to be changed. However, you are asked to determine the order of difficulty of each duty performed. Under Item 9 in the column at right, cite the order of difficulty of duties performed by assigning the number one (1) to the most difficult, the number two (2) to the next most difficult, etc. Keep in mind that the most important duty performed by this position may not be the most difficult, nor the one on which the greatest percentage of time is spent.

You should review the completed and signed form for correctness, completeness, and accuracy of statements. You must indicate agreement or disagreement with the employee's description of duties, cited percentage of time and the title proposed by the employee. If you disagree with any of those factors, explain the nature of the disagreement in the space provided. Sign the form, and forward it to the program manager or division director.

ITEM 15 - The program manager or division director **MUST** indicate his or her agreement or disagreement with the employee's description of duties, cited percentage of time and the title proposed by the employee. If you disagree with any of those factors, explain the nature of the disagreement in the space provided. Additional comments may be written in the space provided. Sign the form, attach a copy of employee's most recent performance evaluation and forward it to your Personnel Office.

APPOINTING AUTHORITY SIGNATURE

ITEM 16-The appointing authority or designated representative must ensure that a copy of the employee's most recent performance evaluation and an organizational chart are included in the package and should then check the box. You may indicate whether you agree or disagree with the appeal and include a reason if desired. Sign the form and forward the completed package to the Civil Service Commission.